IDU HIV PREVENTION

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WORKING WITH THE CRIMINAL JUSTICE SYSTEM

The reasons for public health, community-based groups, and corrections to collaborate are numerous and compelling. To do so effectively, each partner needs to learn the others' priorities, procedures, and funding and policy constraints. The partners also need to make personal connections across agency cultures and bureaucracies so that mutual respect and an openness to finding common approaches can develop.

The Potential for Collaboration is Huge

A growing number of organizations and agencies are eager to work with the criminal justice system. They know that the health and stability of communities (especially urban communities) are directly affected by criminal justice policies and programs. Effective collaboration offers the promise of better public health and better public safety. Potential partners in collaboration include:

- corrections (prisons, jails, prosecutors, public defenders, drug courts, juvenile systems, probation and parole boards, community-based sanctions);
- federal, state, and local public health agencies;
- substance abuse treatment agencies;
- HIV prevention programs and community planning groups;
- AIDS service organizations;
- Ryan White planning councils;
- community-based organizations;
- social service agencies (housing, employment and training, welfare, child protection, others);
- primary health care and mental health providers;
- schools;
- faith communities;
- academic medical centers.

Numerous types of collaboration are possible.

Corrections, public health, and community-based organizations can collaborate in lots of arenas. These include HIV, substance abuse treatment, and health care services; education, risk reduction, counseling and testing, and screening; case management during and after incarceration; cross training and staff development; funding and program development; infectious disease case reporting; information and resource sharing; and policy development.

Collaborations Begin for Various Reasons

A demonstrated need can lead to collaboration.

In the late 1980s and early 1990s, the Rhode Island health and corrections departments collected data showing that 42 percent of all new HIV infections were identified in the state's prison. These data made a compelling case for collaboration among the state's Department of Health, Department of Corrections, Miriam Hospital (an academic medical center affiliated with Brown University), and more than 40 community-based service organizations. These organizations now work together to conduct HIV, STD, and TB surveillance in the state's correctional facilities; provide counseling, testing, education, and health care to inmates; and ensure discharge planning, transitional services, and community linkages to meet inmates' post-release needs (for more information, see Hammett et al., 1998 and Rich et al., 2001).

Organizational, regulatory, or legislative provisions also create collaborations.

In San Francisco and Memphis, the public health department is responsible for providing health services in the prisons and jails. This responsibility means that the health and corrections departments must work closely and cooperatively.

By statute, the New York City Department of Health is responsible for the health care provided to jail inmates, but it contracts with other agencies for the actual services. This necessitates collaboration and communication.

Success Depends on Several Important Factors

A strong commitment to collaboration. The first step is often an acknowledgment by correctional leaders that drug abuse, high-risk behaviors, and infectious diseases among inmates are both a corrections and a public health problem. A second key component is the recognition by both partners that corrections and communities are not separate worlds. Efforts to reduce substance abuse, high-risk behavior, and infectious disease reach more than inmates. They also benefit inmate families, corrections staff, and the community.

A mutual recognition of the different cultures and environments of corrections and public health. Success is more likely if partners are sensitive to the other agencies involved. Community-based organizations must

recognize that security and control are the primary focus of corrections. Programs must plan and tailor their interventions so that they fit within the realities and constraints of the correctional setting. At the same time, corrections must recognize certain factors that are important to the success of health interventions. These include confidentiality and privacy, the need for frank talk about ways to reduce high-risk behaviors, and the need to accommodate complex medication schedules.

Differences in priorities, missions, and perspective pose the greatest challenge for collaboration. In many jurisdictions, collaborators must first overcome longstanding mistrust and unfamiliarity before they can work together. Cross-training workshops, conferences, and meetings provide valuable opportunities for these groups to learn about each other and establish common ground for cooperation and collaboration.

A sensitivity to the perception of balance. Given the complex and often adversarial relationship between correctional staff and inmates, community-based programs must be sensitive to how they are perceived by staff and inmates. Programs need to work to ensure that both staff and inmates feel that the program is playing fair, that it neither favors nor is allied with one "side" or the other.

A willingness to persevere for the long haul. Change does not come overnight. Correctional and community partners need to demonstrate their commitment to work on collaboration and stay with a program for the long term. Programs coming into correctional settings need to make sure that their staffing and financial resources are sufficient to begin and carry through with a program effort.

Innovative Programs and Strategies are Addressing the Problem

Across the country, agencies, organizations, and providers are working hard to meet these challenges and develop effective, long-term collaborations. The multifaceted collaboration in Rhode Island is one fine example. Here are a few others:

HIV/AIDS, TB, and Infectious Diseases Cross-Training: The Alcohol and Other Drug Abuse Connection. Successful collaboration depends on partners who know each other's subject areas, treatment issues, bureaucracies, and cultures. In 1998, the Center for Substance Abuse Treatment, CDC, and the Health Resources and Services Administration sponsored a cross-training initiative designed to enhance the knowledge and skills required by public health disease intervention specialists and substance abuse treatment staff, as well as to explore attitudes and sensitivities that could pose barriers. This effort consists of training workshops delivered in states across the country. Because about 80 percent of inmates have substance abuse problems, a natural core component of the curriculum is the substance abuse knowledge and skills needed by correctional officers and health care staff. For more information, contact Karina Krane, (kek4@cdc.gov),CDC/NCHSTP/OD/PSO, Corrections and Substance Abuse Unit, 1600 Clifton Road, NE, Mail Stop E-07, Atlanta, GA 30333, 404/639-8011.

Brooklyn Treatment Court (BTC). This New York program has taken the traditional drug court model one step further. By establishing strong collaborative relationships with a wide range of community-based health, family welfare, and social service organizations, BTC is able to more effectively address the many needs of substance-using individuals who are involved with the criminal justice system. For more information, contact Brooklyn Treatment Court, Brooklyn, New York, 718/243-2639. *www.drugcourttech.org*

California HIV prevention collaboration. Since the mid-1990s, Centerforce (a community-based agency providing services and advocacy to prisoners and their families), the Center for AIDS Prevention Studies at the University of California, San Francisco, and a large California medium security prison have been working together to develop and evaluate HIV prevention interventions for prison inmates. One example, an intervention developed collaboratively with prison administrators and inmate peer educators, was designed to help HIV-positive inmates successfully move from prison to the community. The program consisted of eight sessions focusing on helping inmates reduce high-risk drug use and sexual behaviors and increase their use of community services, such as substance abuse treatment, vocational training, risk reduction, and health care. The intervention also provided important information about inmates and their needs that will be useful in planning future case management and transition services. For more information, see Grinstead et al., 2001 and Grinstead et al., 1999 and visit *www.centerforce.org* and *www.caps.ucsf.edu*

To Learn More About This Topic

Read the overview fact sheet in this series on drug users and the criminal justice system – Drug Users, HIV, and the Criminal Justice System. It provides basic background information, links to the other fact sheets in this series, and links to other useful information (both print and internet).

Check out these sources of information:

Centers for Disease Control and Prevention (CDC). Hepatitis B outbreak in a state correctional facility, 2000. Morbidity and Mortality Weekly Review. 2001;50(25): 529532. *www.cdc.gov/mmwr/preview/mmwrhtml/mm5025a1.htm*

Grinstead O, Zack B, Faigeles B. Reducing postrelease risk behavior among HIV seropositive prison inmates: the health promotion program. AIDS Education and Prevention 2001;13(2):109-119.

Grinstead O, Zack B, Faigeles B. Collaborative research to prevent HIV among male prison inmates and their female partners. Health Education and Behavior 1999;26(2):225-238.

Hammett TM. Public health/corrections collaborations: prevention and treatment of HIV/AIDS, STDs, and TB. Research in Brief. Washington (DC): U.S. Department of Justice, Office of Justice Programs, National Institute of Justice; July 1998. NCJ 169590. *www.ncjrs.org/pdffiles/169590.pdf*

Department of Health and Human Services

http://www.cdc.gov/idu

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